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TO: UNITED STATES PATENT AND TRADEMARK OFFICE  
(Centralized Fax No.)

FROM: W. Thad Adams, III

DATE: February 4, 2004

FAX NO: (703) 872-9306

RE: Our File No. 2764/1; U.S. Serial No. 09/841,421; Utility Patent Application for  
"DELIVERY BOX"

CONFIRMATION COPY  
TO FOLLOW:

YES

NO

✓

NUMBER OF PAGES Cover + 11

MESSAGE: Applicant is timely submitting the attached Response for filing with the  
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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09841,421
	Filing Date	April 24, 2004
	First Named Inventor	SCHOLEFIELD, Michael
	Art Unit	3637
	Examiner Name	Anderson, Gerald A.
	Attorney Docket Number	276411
Total Number of Pages in This Submission		12

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks Please charge any applicable fees to Deposit Acct. No. 01-0265		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	W. Thad Adams III, Reg. 29,037	
Signature		
Date	February 4, 2004	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Karen S. Walker
Signature	
Date	02/04/2004

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